

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/570058

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		9		
3		1		9		
4	1		1			
5		1		1		
6		1		1		
7		1		1		
8	4		1			
9	8		3			
10	8		8			
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
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50						
TOTAL IND.	2	↓	9	↓		↓
TOTAL DEP.	11	←	37	←		←
TOTAL CLAIMS	13		46			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						